

License # _____

DOG LICENSE APPLICATION

Year of Licensure _____

DATE	DOG'S NAME	DOG'S AGE	BREED		
COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER - INDICATE <input type="checkbox"/>

ALL PRICES INCLUDE ONE-DOLLAR SERVICE FEE ALLOWED BY LAW.

REGULAR FEE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$6.00 <input type="checkbox"/>	FEMALE \$8.00 <input type="checkbox"/>	SPAYED FEMALE \$6.00 <input type="checkbox"/>	MALE \$6.00 <input type="checkbox"/>	NEUTERED MALE \$4.00 <input type="checkbox"/>	FEMALE \$6.00 <input type="checkbox"/>	SPAYED FEMALE \$4.00 <input type="checkbox"/>

If the license is issued by an agent of the COUNTY TREASURER, an additional .50¢ will be charged.

PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 AND OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE **COUNTY TREASURER OR AGENT.**

OWNER'S NAME		TELEPHONE NO.		OWNER'S DATE OF BIRTH		
				MO.	DAY	YR.
STREET OR R.D. NO.			TOWNSHIP/BOROUGH			
CITY			STATE PA		ZIP CODE	

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION. I MAKE THIS STATEMENT SUBJECT TO THE **CRIMINAL PENALTIES OF 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).**

SIGNATURE OF DOG OWNER/APPLICANT REQUIRED
MAIL TO COUNTY TREASURER'S OFFICE